



# CITY OF NAPERVILLE

Transportation, Engineering & Development (T.E.D.) Business Group

## APPLICATION FOR PLUMBING PERMIT

(Please ☒ the box of each permit type that you require.)

- ☒ Emergency Sewer or Water Repair
 ☐ Gas Line
 ☐ Water Meter Upgrade  
☒ Plumbing Rough-In, New Construction
 ☐ Sewer or Water Service Connection

PLEASE TYPE OR PRINT CLEARLY.

\*\*\*\*NO MAIL-IN APPLICATIONS WILL BE ACCEPTED.\*\*\*\*

PROPERTY OWNER: \_\_\_\_\_

SEWER CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

UBDIVISION \_\_\_\_\_

FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

NIT # \_\_\_\_\_ LOT # \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PLUMBING CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

ESTIMATED COST OF WORK: \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

NAPERVILLE REGISTRATION #: \_\_\_\_\_

ILLINOIS STATE LICENSE #: \_\_\_\_\_

CCCDI #: \_\_\_\_\_

PROJECT CONTACT PERSON: (PLEASE PRINT.)

CCCDI INSPECTOR: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

Existing Water Service Size: \_\_\_\_\_ Inches

ILLINOIS STATE LICENSE # \_\_\_\_\_

Existing Water Service Line Material: \_\_\_\_\_

CCCDI # \_\_\_\_\_

Existing Meter Size \_\_\_\_\_ Inches Location \_\_\_\_\_

Length of Service, Meter to Main \_\_\_\_\_ Feet

Proposed Service Size \_\_\_\_\_ Inches

Proposed Meter Size \_\_\_\_\_ Inches Location \_\_\_\_\_

Is there an existing irrigation / sprinkler system? YES \_\_\_\_\_ NO \_\_\_\_\_

Existing Number of Plumbing Fixtures: \_\_\_\_\_

(PLEASE COMPLETE REVERSE SIDE.)

Proposed Number of Addition Plumbing Fixtures: \_\_\_\_\_

☐ UNINCORPORATED NAPERVILLE

**APPLICANT REPRESENTS:** (Please check one.)

- a. Natural Person (Self) -- \_\_\_\_\_

b. Corporation -- \_\_\_\_\_

c. Land Trust/Trustee -- \_\_\_\_\_
- d. Trust/Trustee -- \_\_\_\_\_

e. Partnership -- \_\_\_\_\_

f. Joint Venture -- \_\_\_\_\_

g. Other (describe) \_\_\_\_\_

If in your answer above you checked b, c, d, e, f, or g, identify by name and address each person or entity which is a minimum 5% shareholder in the case of a corporation, a beneficiary in the case of a trust or land trust, a joint venture in the case of a joint venture, or who otherwise has a proprietary interest, interest in profits and losses or right to control such entity:

<u>Name</u>	<u>Address</u>	<u>Interest</u>
a. _____		
b. _____		
c. _____		
d. _____		

UNDER THE PENALTIES OF PERJURY AS PROVIDED BY LAW, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION, PLANS, SPECIFICATIONS AND PLAT ARE TRUE AND CORRECT AND ARE IN ACCORDANCE WITH THE PROVISIONS AND REGULATIONS OF THE BUILDING CODE AND ALL OTHER CODES AND ORDINANCES OF NAPERVILLE APPLICABLE THERETO AND IN FORCE WHEN CONSTRUCTION IS COMMENCED. IF THE APPLICANT KNOWINGLY FALSIFIES ANY INFORMATION IN THIS APPLICATION, APPLICANT SHALL BE CONSIDERED IN VIOLATION OF SECTION 1-12-4 OF THE NAPERVILLE MUNICIPAL CODE AND SHALL BE FINED NOT LESS THAN FIFTY DOLLARS (\$50) NOR MORE THAN FIVE HUNDRED DOLLARS (\$500).

(Please check here. \_\_\_\_\_) I HAVE READ AND UNDERSTAND THE CONSTRUCTION SITE SAFETY REQUIREMENTS OF THE CITY OF NAPERVILLE. (Please initial here.) \_\_\_\_\_

(Please check here. \_\_\_\_\_) I UNDERSTAND THAT THIS PROJECT MAY BE SUBJECT TO CITY OF NAPERVILLE ROAD IMPACT FEES AND/OR ROAD IMPACT FEES FOR DU PAGE COUNTY OR WILL COUNTY IN ILLINOIS. I FURTHER UNDERSTAND THAT THE DU PAGE COUNTY FEE (if applicable) MUST BE PAID AND THE RECEIPT FOR SAME SUBMITTED PRIOR TO THE ISSUANCE OF A FULL BUILDING PERMIT. ALL OTHER IMPACT FEES MUST BE PAID PRIOR TO THE ISSUANCE OF ANY TYPE OF OCCUPANCY PERMIT. (Please initial here.) \_\_\_\_\_

(Please CHECK here: \_\_\_\_\_) AS HOMEOWNER, I AGREE THAT I WILL CONTINUE TO LIVE IN MY OWN HOME FOR A MINIMUM OF SIX (6) MONTHS AFTER COMPLETION OF PLUMBING WORK. (Please INITIAL here: \_\_\_\_\_)

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF OWNER/AGENT \_\_\_\_\_ DATE \_\_\_\_\_